

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Baxter Healthcare Political Action Committee

ADDRESS (number and street)

1501 K Street, NW

☒Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00117838

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

04

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sarah M Gregg

Signature of Treasurer

Electronically Filed by Sarah M Gregg

Date

06

19

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2006	43452.73
(b) Cash on Hand at Beginning of Reporting Period	40603.79	
(c) Total Receipts (from Line 19)	6818.21	25969.27
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47422.00	69422.00
7. Total Disbursements (from Line 31)	2000.00	24000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45422.00	45422.00
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 4D D
3 0Y Y Y Y
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6818.21	25969.27
(i) Itemized (use Schedule A)		
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	6818.21	25969.27
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	6818.21	25969.27
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6818.21	25969.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6818.21	25969.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	24000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2000.00	24000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2000.00	24000.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6818.21	25969.27
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6818.21	25969.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 29

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer Adams

Mailing Address 203 Bridle Path Lane

City State Zip Code
 Fox River Grove IL 60021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP I, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29285

Amount of Each Receipt this Period

20.00

Receipt

Payroll Deduction: (10.00-
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Joy A Amundson

Mailing Address 110 W. Onwentsia Road

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
CVP, Pres BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.60

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29291

Amount of Each Receipt this Period

390.00

Receipt

Payroll Deduction: (195.0-
0/Pay Period)

Full Name (Last, First, Middle Initial)

C. Michael Barlev

Mailing Address 61 Telegraph Hill Rd.

City State Zip Code
 Holmdel NJ 07733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Sales Representative III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29284

Amount of Each Receipt this Period

2.00

Receipt

Payroll Deduction: (1.00/-
Pay Period)

SUBTOTAL of Receipts This Page (optional)

412.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
Michael J Baughman

Mailing Address 5343 N Lakewood Avenue

City State Zip Code
Chicago IL 60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
Controller - BII

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29310

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

B. Full Name (Last, First, Middle Initial)
Armando Bombino

Mailing Address 1795 Ashford Lane

City State Zip Code
Crystal Lake IL 60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Dir, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29283

Amount of Each Receipt this Period

10.00

Receipt

Payroll Deduction: (5.00/-
Pay Period)

C. Full Name (Last, First, Middle Initial)
Pat Brower

Mailing Address 502 Canal

City State Zip Code
Cleveland MS 38732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Mgr I, Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29270

Amount of Each Receipt this Period

2.00

Receipt

Payroll Deduction: (1.00/-
Pay Period)

SUBTOTAL of Receipts This Page (optional)

212.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Michael Brown

Mailing Address 531 Lyon Dr

City State Zip Code
 Buffalo Grove IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
Dir, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29307

Amount of Each Receipt this Period

2.00

Receipt

Payroll Deduction: (1.00/-
Pay Period)

B. Full Name (Last, First, Middle Initial)

Glenn Burney

Mailing Address 96 Rock Creek Drive

City State Zip Code
 Mountain Home AR 72653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Dir, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29268

Amount of Each Receipt this Period

4.00

Receipt

Payroll Deduction: (2.00/-
Pay Period)

C. Full Name (Last, First, Middle Initial)

Donna Campagna

Mailing Address 30922 St Andrews Drive

City State Zip Code
 Libertyville IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP, Baxter Info Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29289

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

46.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Cone

Mailing Address 153 Pleasant Valley Drive

City

Marion

State

NC

Zip Code

28752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Sr Principal Engineer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

16.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29277

Amount of Each Receipt this Period

4.00

Receipt

Payroll Deduction: (2.00/-
Pay Period)

B.

Full Name (Last, First, Middle Initial)

Edward Conrad

Mailing Address 113 S Waverly PI

City

Mt Prospect

State

IL

Zip Code

60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

Dir, Tax

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

465.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29308

Amount of Each Receipt this Period

119.06

Receipt

Payroll Deduction: (59.53-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Sarah Creviston

Mailing Address 717 North Maple Ave.

City

Palatine

State

IL

Zip Code

60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP, Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.84

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29304

Amount of Each Receipt this Period

151.36

Receipt

Payroll Deduction: (75.68-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

274.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Margarita Cruz-casse

Mailing Address Violeta 153, San Francisco

City State Zip Code
 San Juan PR 00927

FEC ID number of contributing federal political committee.

C

Name of Employer
 Baxter Healthcare Puerto Rico

Occupation
 Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.18

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29320

Amount of Each Receipt this Period

79.96

Receipt

Payroll Deduction: (39.98-
/Pay Period)

B. Full Name (Last, First, Middle Initial)

Robert M Davis

Mailing Address 21515 Hummingbird Court

City State Zip Code
 Kildeer IL 60047

FEC ID number of contributing federal political committee.

C

Name of Employer
 Baxter International Inc.

Occupation
 Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.37

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29311

Amount of Each Receipt this Period

173.08

Receipt

Payroll Deduction: (86.54-
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Karen Dewey

Mailing Address 92 Spring Valley Drive

City State Zip Code
 Mtn Home AR 72653

FEC ID number of contributing federal political committee.

C

Name of Employer
 Baxter Healthcare Corpora-
 tion

Occupation
 Planner II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29262

Amount of Each Receipt this Period

4.00

Receipt

Payroll Deduction: (2.00/-
Pay Period)

SUBTOTAL of Receipts This Page (optional)

257.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Mayra Diaz-jimenez Mailing Address Estancias De San Fernando Calle 7 City Carolina State PR Zip Code 00985 FEC ID number of contributing federal political committee. C Name of Employer Baxter S. & D. Puerto Rico Occupation Mgr I, Regulatory Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 20.00			Date of Receipt MM / DD / YYYY 04 / 21 / 2006 Transaction ID: 60515.C29321 Amount of Each Receipt this Period 20.00 Receipt Payroll Deduction: (20.00- / Pay Period)
B. Full Name (Last, First, Middle Initial) Frederick Dodge Mailing Address 233 Mtn St City Marion State NC Zip Code 28752 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Occupation Sr Principal Engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 8.00			Date of Receipt MM / DD / YYYY 04 / 07 / 2006 Transaction ID: 60515.C29271 Amount of Each Receipt this Period 2.00 Receipt Payroll Deduction: (1.00/- Pay Period)
C. Full Name (Last, First, Middle Initial) Mary Fernald Mailing Address 36 Wagner Lane City Hillsborough State NJ Zip Code 08844 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Occupation Mgr, Region Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00			Date of Receipt MM / DD / YYYY 04 / 07 / 2006 Transaction ID: 60515.C29288 Amount of Each Receipt this Period 10.00 Receipt Payroll Deduction: (5.00/- Pay Period)

SUBTOTAL of Receipts This Page (optional)

32.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Rodney Foster Mailing Address 1979 N. Trevino Terrace City State Zip Code Vernon Hills IL 60061 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Occupation Sr Director, Engineering Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 32.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: 60515.C29264 Amount of Each Receipt this Period 8.00 Receipt Payroll Deduction: (4.00/- Pay Period)
B. Full Name (Last, First, Middle Initial) Kevin Freeman Mailing Address 832 Foxmoor Lane City State Zip Code Lake Zurich IL 60047 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Occupation VP I, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 314.12		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: 60515.C29287 Amount of Each Receipt this Period 106.44 Receipt Payroll Deduction: (53.22- Pay Period)
C. Full Name (Last, First, Middle Initial) Elizabeth Fuller Mailing Address 975 Seaboard Ave City State Zip Code Atlanta GA 30318 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Occupation Mgr, State Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 49.35		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: 60515.C29363 Amount of Each Receipt this Period 7.05 Receipt Payroll Deduction: (7.05/- Pay Period)

SUBTOTAL of Receipts This Page (optional)

121.49

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Elizabeth Fuller			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 975 Seaboard Ave			Transaction ID: 60515.C29298	
City State Zip Code Atlanta GA 30318			Amount of Each Receipt this Period 8.11	
FEC ID number of contributing federal political committee. C			Receipt	
Name of Employer Baxter Healthcare Corporation		Occupation Mgr, State Government Affairs	Payroll Deduction: (8.11/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 57.46		
B. Full Name (Last, First, Middle Initial) James Gatling			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6	
Mailing Address 3704 Lindsay Ln			Transaction ID: 60515.C29269	
City State Zip Code Crystal Lake IL 60014			Amount of Each Receipt this Period 273.08	
FEC ID number of contributing federal political committee. C			Receipt	
Name of Employer Baxter Healthcare Corporation		Occupation CVP, Global Manufacturing Ops	Payroll Deduction: (136.5- 4/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1001.54		
C. Full Name (Last, First, Middle Initial) Juan Gonzalez			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6	
Mailing Address 17842 Rachel Lane			Transaction ID: 60515.C29279	
City State Zip Code Orland Park IL 60467			Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			Receipt	
Name of Employer Baxter Healthcare Corporation		Occupation Project Manager I, IT	Payroll Deduction: (5.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 40.00		

SUBTOTAL of Receipts This Page (optional)

291.19

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) John Greisch		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 2636 Chesapeake Lane		Transaction ID: 60515.C29317
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 440.00
Name of Employer Baxter International Inc.	Occupation CVP, Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1680.00	
		Receipt Payroll Deduction: (220.0- 0/Pay Period)

B. Full Name (Last, First, Middle Initial) Lawrence Guiheen		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 1653 Vista Oaks Way		Transaction ID: 60515.C29260
City Westlake Vilage	State CA	Zip Code 91361
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer Baxter Healthcare Corpora- tion	Occupation President V	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
		Receipt Payroll Deduction: (35.00- /Pay Period)

C. Full Name (Last, First, Middle Initial) Stephen Irby		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 601 Baxter Avenue		Transaction ID: 60515.C29263
City Mtn Home	State AR	Zip Code 72653
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4.00
Name of Employer Baxter Healthcare Corpora- tion	Occupation Sr Planner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 16.00	
		Receipt Payroll Deduction: (2.00/- Pay Period)

SUBTOTAL of Receipts This Page (optional)

514.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

James Kamienski

Mailing Address 6312 N Keating

City State Zip Code
 Chicago IL 60646

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
VP II, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.50

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29272

Amount of Each Receipt this Period

100.94

Receipt

Payroll Deduction: (50.47-
/Pay Period)

B. Full Name (Last, First, Middle Initial)

Faye Katt

Mailing Address 1906 N Larrabee

City State Zip Code
 Chicago IL 60614

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
VP Global HR Shared Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29294

Amount of Each Receipt this Period

20.00

Receipt

Payroll Deduction: (10.00-
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Carol Lampe

Mailing Address 303 Northwind Dr.

City State Zip Code
 Lake Villa IL 60046

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Sr Research Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29280

Amount of Each Receipt this Period

2.00

Receipt

Payroll Deduction: (1.00/-
Pay Period)

SUBTOTAL of Receipts This Page (optional)

122.94

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
Susan R Lichtenstein

Mailing Address 1257 W Wrightwood Ave

City State Zip Code
Chicago IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
CVP, Gen Counsel & Corp Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1487.68

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29312

Amount of Each Receipt this Period

378.46

Receipt

Payroll Deduction: (189.2-
3/Pay Period)

B. Full Name (Last, First, Middle Initial)
Gary Loudermilk

Mailing Address 570 S Creek Rd

City State Zip Code
Nebo NC 28761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Supt, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29276

Amount of Each Receipt this Period

4.00

Receipt

Payroll Deduction: (2.00/-
Pay Period)

C. Full Name (Last, First, Middle Initial)
Matthew Lykken

Mailing Address 421 North Wheaton Ave

City State Zip Code
Wheaton IL 60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
VP, Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.33

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29316

Amount of Each Receipt this Period

101.92

Receipt

Payroll Deduction: (50.96-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

484.38

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Brian W Magerkurth Mailing Address 4218 Third Street Lane NW City State Zip Code Hickory NC 28601 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation VP II, Global Supply Chain Aggregate Year-to-Date ▼ 322.04			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: 60515.C29292 Amount of Each Receipt this Period 110.52 Receipt Payroll Deduction: (55.26- /Pay Period)
B. Full Name (Last, First, Middle Initial) Teresita Martinez-santini Mailing Address A-1 Atenas St Repto Flamingo City State Zip Code Bayamon PR 00959 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Puerto Rico Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Dir, Quality Aggregate Year-to-Date ▼ 266.88			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: 60515.C29319 Amount of Each Receipt this Period 68.46 Receipt Payroll Deduction: (34.23- /Pay Period)
C. Full Name (Last, First, Middle Initial) John Martino Mailing Address 104 Dumont Dr City State Zip Code Morganton NC 28655 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Dir, Quality Aggregate Year-to-Date ▼ 8.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: 60515.C29265 Amount of Each Receipt this Period 2.00 Receipt Payroll Deduction: (1.00/- Pay Period)

SUBTOTAL of Receipts This Page (optional)

180.98

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Kevin Mcculloch Mailing Address 730 Greenwood Avenue City Wilmette State IL Zip Code 60091 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation General Manager III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 405.76			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: 60515.C29300 Amount of Each Receipt this Period 105.76 Receipt Payroll Deduction: (52.88- /Pay Period)
B. Full Name (Last, First, Middle Initial) Bruce McGillivray Mailing Address 151 Ridge Lane City Lake Forest State IL Zip Code 60045 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation CVP, President Renal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 798.48			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: 60515.C29296 Amount of Each Receipt this Period 269.24 Receipt Payroll Deduction: (134.6- 2/Pay Period)
C. Full Name (Last, First, Middle Initial) Donald Mcpeters Mailing Address 119 North Hills Drive City Marion State NC Zip Code 28752 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation Supv II, Manufacturing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 8.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: 60515.C29275 Amount of Each Receipt this Period 2.00 Receipt Payroll Deduction: (1.00/- Pay Period)

SUBTOTAL of Receipts This Page (optional)

377.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Victor Miller

Mailing Address 230 9th Street

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.80

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29299

Amount of Each Receipt this Period

7.70

Receipt

Payroll Deduction: (3.85/-
Pay Period)

B. Full Name (Last, First, Middle Initial)

Arthur Mollenhauer

Mailing Address 2409 Lincolnwood Drive

City State Zip Code
 Evanston IL 60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
General Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29354

Amount of Each Receipt this Period

25.00

Receipt

Payroll Deduction: (25.00-
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Frank Monteleone

Mailing Address 1336 Derby Lane

City State Zip Code
 Mundelein IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP, Baxter Info Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.42

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29302

Amount of Each Receipt this Period

130.92

Receipt

Payroll Deduction: (65.46-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

163.62

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Barbara Morris Mailing Address 924 N. Saratoga Dr. City Palatine State IL Zip Code 60074 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation VP II, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 80.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: 60515.C29278 Amount of Each Receipt this Period 20.00 Receipt Payroll Deduction: (10.00- /Pay Period)
B. Full Name (Last, First, Middle Initial) Timothy Murphy Mailing Address 14601 N Somerset Circle City Libertyville State IL Zip Code 60048 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation Assistant General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 143.17			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: 60515.C29366 Amount of Each Receipt this Period 21.07 Receipt Payroll Deduction: (21.07- /Pay Period)
C. Full Name (Last, First, Middle Initial) Timothy Murphy Mailing Address 14601 N Somerset Circle City Libertyville State IL Zip Code 60048 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation Assistant General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 165.67			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 6 Transaction ID: 60515.C29301 Amount of Each Receipt this Period 22.50 Receipt Payroll Deduction: (22.50- /Pay Period)

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63.57

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Peter Omalley Mailing Address 563 Greenway Drive City State Zip Code Lake Forest IL 60045 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation VP/GM II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: 60515.C29305 Amount of Each Receipt this Period 90.00 Receipt Payroll Deduction: (45.00- /Pay Period)
B. Full Name (Last, First, Middle Initial) Robert L Parkinson Mailing Address 1332 Edgewood Lane City State Zip Code Northbrook IL 60062 FEC ID number of contributing federal political committee. C Name of Employer Baxter International Inc. Occupation Chairman & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3600.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: 60515.C29315 Amount of Each Receipt this Period 923.08 Receipt Payroll Deduction: (461.5- 4/Pay Period)
C. Full Name (Last, First, Middle Initial) Carla Pittman Mailing Address 5720 Shenandoah Avenue City State Zip Code Los Angeles CA 90056 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 403.80		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: 60515.C29297 Amount of Each Receipt this Period 103.50 Receipt Payroll Deduction: (51.75- /Pay Period)

SUBTOTAL of Receipts This Page (optional)

1116.58

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Virginia Pringle

Mailing Address 341 3rd Street West

City State Zip Code
 Tierra Verde FL 33715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Mgr II, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.40

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29282

Amount of Each Receipt this Period

57.46

Receipt

Payroll Deduction: (28.73-
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Neervalur Raghavan

Mailing Address 2327 Castilian

City State Zip Code
 Northbrook IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP I, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29281

Amount of Each Receipt this Period

10.00

Receipt

Payroll Deduction: (5.00/-
Pay Period)

Full Name (Last, First, Middle Initial)

C. Elizabeth Redd

Mailing Address 604 South Leflore

City State Zip Code
 Cleveland MS 38732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Plant Controller I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29267

Amount of Each Receipt this Period

2.00

Receipt

Payroll Deduction: (1.00/-
Pay Period)

SUBTOTAL of Receipts This Page (optional)

69.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
David Rohrbach
Mailing Address 10 Hawkes Court

City State Zip Code
Bridgewater NJ 08807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP I, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29295

Amount of Each Receipt this Period

20.00

Receipt

Payroll Deduction: (10.00-
/Pay Period)

B. Full Name (Last, First, Middle Initial)
Harold Sargent
Mailing Address 1151 Woodview Drive

City State Zip Code
Green Oaks IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Sr Director, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29261

Amount of Each Receipt this Period

4.00

Receipt

Payroll Deduction: (2.00/-
Pay Period)

C. Full Name (Last, First, Middle Initial)
Jill Schaaf
Mailing Address 1111 W Cornelia Ave
#107

City State Zip Code
Chicago IL 60657-1596

FEC ID number of contributing
federal political committee.

C

Name of Employer
Renal Core Business

Occupation
VP I, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 6

Transaction ID: 60619.C29386

Amount of Each Receipt this Period

1200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1224.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

David P Scharf

Mailing Address 931 Oak Street

City State Zip Code
 Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.54

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29313

Amount of Each Receipt this Period

84.40

Receipt

Payroll Deduction: (42.20-
/Pay Period)

B. Full Name (Last, First, Middle Initial)

Michael Schiffer

Mailing Address 33741 Shackleton Isle

City State Zip Code
 Monarch Beach CA 92629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.84

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29290

Amount of Each Receipt this Period

139.50

Receipt

Payroll Deduction: (69.75-
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Victor Schmitt

Mailing Address 699 Bluff Road

City State Zip Code
 Lake Bluff IL 60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Pres, Venture Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29286

Amount of Each Receipt this Period

77.00

Receipt

Payroll Deduction: (38.50-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

300.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Chandra Sekhar Mailing Address 1621 Mission Hills Rd Unit 211 City Northbrook State IL Zip Code 60062 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation VP II, Mfg Strategic Planning Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 279.22		Date of Receipt MM / DD / YYYY 04 / 07 / 2006 Transaction ID: 60515.C29259 Amount of Each Receipt this Period 102.04 Receipt Payroll Deduction: (51.02- /Pay Period)
B. Full Name (Last, First, Middle Initial) Deborah Spak Mailing Address 1555 Stratford City Deerfield State IL Zip Code 60015 FEC ID number of contributing federal political committee. C Name of Employer Baxter International Inc. Occupation Dir, Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 90.50		Date of Receipt MM / DD / YYYY 04 / 07 / 2006 Transaction ID: 60515.C29314 Amount of Each Receipt this Period 23.30 Receipt Payroll Deduction: (11.65- /Pay Period)
C. Full Name (Last, First, Middle Initial) Edward Sudlow Mailing Address 2406 N Hickory City Arlington Heights State IL Zip Code 60004 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation Mgr II, Supply Chain Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 16.00		Date of Receipt MM / DD / YYYY 04 / 07 / 2006 Transaction ID: 60515.C29258 Amount of Each Receipt this Period 4.00 Receipt Payroll Deduction: (2.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)

129.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
Donald Sullivan
Mailing Address 910 W Cypress Drive

City State Zip Code
Arlington Heights IL 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
VP, Risk Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29306

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-
/Pay Period)

B. Full Name (Last, First, Middle Initial)
Andrew Thorrens
Mailing Address 1835 North Hoyne

City State Zip Code
Chicago IL 60647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
Dir, Payment Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29309

Amount of Each Receipt this Period

4.00

Receipt

Payroll Deduction: (2.00/-
Pay Period)

C. Full Name (Last, First, Middle Initial)
Joel Tune
Mailing Address 1365 Vos Court

City State Zip Code
Antioch IL 60002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
General Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29273

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

164.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Utts

Mailing Address 441 thorne lane

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter World Trade Corpor-
ationOccupation
CVP, President Europe

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29318

Amount of Each Receipt this Period

76.92

Receipt

Payroll Deduction: (38.46-
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Onelia Vera-littrell

Mailing Address 619 Oleander Drive

City State Zip Code
 Hallandale FL 33009

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Assistant General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.92

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60515.C29368

Amount of Each Receipt this Period

75.46

Receipt

Payroll Deduction: (75.46-
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Onelia Vera-littrell

Mailing Address 619 Oleander Drive

City State Zip Code
 Hallandale FL 33009

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Assistant General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.84

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 1 / 2 0 0 6

Transaction ID: 60515.C29303

Amount of Each Receipt this Period

76.92

Receipt

Payroll Deduction: (76.92-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

229.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Kenneth R Webb Mailing Address 31385 W. Somerset Circle City State Zip Code Green Oaks IL 60048 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Occupation VP, CustSvc,E-Cmmce,SpplChain Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 50.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: 60515.C29293 Amount of Each Receipt this Period 20.00 Receipt Payroll Deduction: (10.00- Pay Period)
B. Full Name (Last, First, Middle Initial) Clara Williams Mailing Address 36 3rd St City State Zip Code Cleveland MS 38732 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Occupation Quality Associate III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 8.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: 60515.C29266 Amount of Each Receipt this Period 2.00 Receipt Payroll Deduction: (1.00/- Pay Period)
C. Full Name (Last, First, Middle Initial) Donna Williams Mailing Address 1886 Bowling Green City State Zip Code Lake Forest IL 60045 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Occupation VP I, Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: 60515.C29274 Amount of Each Receipt this Period 10.00 Receipt Payroll Deduction: (5.00/- Pay Period)

SUBTOTAL of Receipts This Page (optional)

32.00

TOTAL This Period (last page this line number only)

6818.21

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Conrad Burns

Mailing Address 208 N Montana Ave

City
Helena

State
MT

Zip Code
59601-3837

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60515.E696

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Phil English

Mailing Address Modern Tool Square

City
Erie

State
PA

Zip Code
16507-1539

Purpose of Disbursement

Candidate Name
PHILIP S ENGLISH

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: 60515.E697

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00